


**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4806 (R13/11-25)

Indiana Election Commission (IC 3-9-5-14)

**(CFA-4)  
Summary Sheet**

FILE NUMBER

5486

TOTAL PAGES IN ENTIRE CFA-4 REPORT

9

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

 IS THIS AN AMENDMENT? ☐ Yes ☒ No

## COMMITTEE INFORMATION

1. Full name of committee (as on Statement of Organization)

Veterinary Medicine PAC, LLC

☐ Check if this is a new name

2. Acronym or abbreviated name, if any

3. Committee telephone number

(317) 634-5963

4. Mailing address (address where all campaign finance correspondence is received)

150 West Market Street, Suite 040

☐ Check if this is a new address

5. City, state, ZIP code

Indianapolis IN 46204

6. Party affiliation (if applicable)

## CANDIDATE INFORMATION (For Candidate's Committee Only)

7. Full name of candidate (include any nickname)

8. Party affiliation or if Independent

9. Office sought (include district number, if any. Not required for exploratory committee.)

10. County of residence

## TYPE OF REPORT

11. Annual

## CONVENTION CANDIDATES ONLY

12. Check one:

☐ Pre-Convention☐ Post-Convention

12. Reporting period:

From: 01/01/2009

Through: 12/31/2009

COLUMN A  
This PeriodCOLUMN B  
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

849.26

14. Cash on hand and investments January 1, current year

849.26

## CONTRIBUTIONS AND RECEIPTS

(Note: These amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)

15b. Unitemized

15c. Add lines 15a, and 15b in both columns

SUBTOTAL

TOTAL

1,150.00

0.00

1,150.00

1,999.26

1,150.00

0.00

1,150.00

1,999.26

## EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)

17b. Unitemized

17c. Add lines 17a and 17b in both columns

SUBTOTAL

TOTAL

500.00

0.00

500.00

1,499.26

500.00

0.00

500.00

1,499.26

18. Cash on hand and investments at close of this reporting period (subtract 17c from 13 in both columns)

19. Debts OWED BY the committee (use Schedule D)

20. Debts OWED TO the committee (use Schedule E)

0.00

0.00

## CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer

Title

Date

Signature of Candidate (if applicable)

Date

## FOR OFFICE USE ONLY

 Filed: Online  
1/4/10 9:21 am

*Elizabeth A. White*

FEB 23 2010

FILED

**WARNING:** Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)


**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R13/11-05)

Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other  
Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE.** Please type or print, legibly, in **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on **ITEM 15a** of the Summary Sheet. All cumulative contributions from individuals **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

5486

Page 1 of 7

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state ZIP code)		TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED  RECEIVED BY		
1 Dr. Anthony Buzzetti 180 E. Carmel Drive Carmel IN 46032  Contributor's Occupation (if required): DVM	Contribution: Direct		25.00	25.00	03/13/2009  Lou Belch		
2 Dr. Art Freeman 9304 Golden Woods Drive Indianapolis IN 46268  Contributor's Occupation (if required): DVM	Contribution: Direct		25.00	25.00	03/13/2009  Lou Belch		
3 Dr. Carol Bloom 722 N. 625 East Westville IN 46391  Contributor's Occupation (if required): DVM	Contribution: Direct		55.00	55.00	03/13/2009  Lou Belch		
4 Dr. Catherine Alinovi PO Box 142 Pine Village IN 47975  Contributor's Occupation (if required): DVM	Contribution: Direct		0.00	15.00	03/13/2009  Lou Belch		
5 Dr. Catherine Alinovi PO Box 142 Pine Village IN 47975  Contributor's Occupation (if required): DVM	Contribution: Direct		15.00	15.00	03/13/2009  Lou Belch		
SUB TOTAL THIS PAGE OF SCHEDULE A			\$	120.00			
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY ( Enter total on ITEM 15a of the Summary Sheet )			\$				


**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4808 (R13/11-05)

Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other  
Receipts**

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Page 2 of 7

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state ZIP code)		TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
6 Dr. Debra Martin PSC 94, Box 1361 APO AE 09824  Contributor's Occupation (if required): DVM	Contribution: Direct	25.00	25.00	03/13/2009	Lou Belch
7 Dr. G. Kay Boyd PO Box 104 Kentland IN 47951  Contributor's Occupation (if required): DVM	Contribution: Direct	25.00	50.00	03/13/2009	Lou Belch
8 Dr. G. Kay Boyd PO Box 104 Kentland IN 47951  Contributor's Occupation (if required): DVM	Contribution: Direct	0.00	25.00	03/13/2009	Lou Belch
9 Dr. G. Kay Boyd PO Box 104 Kentland IN 47951  Contributor's Occupation (if required): DVM	Contribution: Direct	25.00	25.00	03/13/2009	Lou Belch
10 Dr. Gayland Jones 2250 Darwin Road W. Terre Haute IN 47885  Contributor's Occupation (if required): DVM	Contribution: Direct	25.00	25.00	03/13/2009	Lou Belch
SUB TOTAL THIS PAGE OF SCHEDULE A			\$	100.00	
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY ( Enter total on ITEM 15a of the Summary Sheet )			\$		


**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4608 (F13/11-05)

Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other  
Receipts**

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
				RECEIVED BY
11 Dr. Gina Rogers PO Box 187 Nashville IN 47448  Contributor's Occupation (if required): DVM	Contribution: Direct	25.00	25.00	03/13/2009  Lou Belch
12 Dr. Gordon Coppoc 217 Hartman Court W. Lafayette IN 47906  Contributor's Occupation (if required): DVM	Contribution: Direct	30.00	30.00	03/13/2009  Lou Belch
13 Dr. J. Lee White 11 Butternut Street Three Oaks MI 49128  Contributor's Occupation (if required): DVM	Contribution: Direct	25.00	25.00	03/13/2009  Lou Belch
14 Dr. James Howard 2740 W. Old Lincoln Way Wooster OH 44691  Contributor's Occupation (if required): DVM	Contribution: Direct	25.00	25.00	03/13/2009  Lou Belch
15 Dr. Jeffery Logue 111 Garwood Road Richmond IN 47374  Contributor's Occupation (if required): DVM	Contribution: Direct	50.00	50.00	03/13/2009  Lou Belch
<b>SUB TOTAL THIS PAGE OF SCHEDULE A</b>		\$	155.00	
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> (Enter total on ITEM 15a of the Summary Sheet.)		\$		


**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4806 (R13/11-05)

Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other  
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Page 4 of 7

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state ZIP code)		TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED  RECEIVED BY
16 Dr. John Schnarr 5417 Hawthorne Drive Indianapolis IN 46226  Contributor's Occupation (if required): DVM	Contribution: Direct	50.00	50.00	03/13/2009	
				Lou Belch	
17 Dr. Juan Pagan 8900 Harrison Parkway. Fishers IN 46038  Contributor's Occupation (if required): DVM	Contribution: Direct	25.00	25.00	03/13/2009	
				Lou Belch	
18 Dr. Julie Beth Diem 11522 Willow Ridge Drive Zionsville IN 46077  Contributor's Occupation (if required): DVM	Contribution: Direct	25.00	25.00	03/13/2009	
				Lou Belch	
19 Dr. Lawrence Stauffer 924 S. Washington Street Delphi IN 46923  Contributor's Occupation (if required): DVM	Contribution: Direct	50.00	50.00	03/13/2009	
				Lou Belch	
20 Dr. Mike Johnston 1645 S. US 27 Liberty IN 47353  Contributor's Occupation (if required): DVM	Contribution: Direct	25.00	25.00	03/13/2009	
				Lou Belch	
SUB TOTAL THIS PAGE OF SCHEDULE A			\$	175.00	
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY ( Enter total on ITEM 15a of the Summary Sheet )			\$		


**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4806 (R13/11-05)

Indiana Election Commission (IC 5-9-5-14)

**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
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21 Dr. Otis Patrick 13869 W. St. Road 42 Cloverdale IN 46120  Contributor's Occupation (if required): DVM	Contribution: Direct	25.00	25.00	03/13/2009	
				Lou Belch	
22 Dr. Paul Shockley 8652 W. SR. 236 Middletown IN 47356  Contributor's Occupation (if required): DVM	Contribution: Direct	25.00	25.00	03/13/2009	
				Lou Belch	
23 Dr. Paul Stahley 2046 Maret Street Charlestown IN 47111  Contributor's Occupation (if required): DVM	Contribution: Direct	25.00	25.00	03/13/2009	
				Lou Belch	
24 Dr. Pete Bill 2000 W. 500 North W. Lafayette IN 47906  Contributor's Occupation (if required): DVM	Contribution: Direct	25.00	0.00	03/13/2009	
				Lou Belch	
25 Dr. Philip C. Borst 3315 Shelby Street Indianapolis IN 46227  Contributor's Occupation (if required): DVM	Contribution: Direct	100.00	100.00	03/13/2009	
				Lou Belch	
SUB TOTAL THIS PAGE OF SCHEDULE A			\$ 200.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY ( Enter total on ITEM 15a of the Summary Sheet )			\$		


**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4808 (R13/11-05)

Indiana Election Commission (☐ 3-9-5-14)

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26 Dr. Phillip Howell Box 442 Winchester IN 47394  Contributor's Occupation (if required): DVM	Contribution: Direct	25.00	25.00	03/13/2009	
				Lou Belch	
27 Dr. Rachel Reams 4102 S. Kelly Drive New Palestine IN 46163  Contributor's Occupation (if required): DVM	Contribution: Direct	50.00	50.00	03/13/2009	
				Lou Belch	
28 Dr. Rebecca Logue 111 Garwood Road Richmond IN 47374  Contributor's Occupation (if required): DVM	Contribution: Direct	50.00	50.00	03/13/2009	
				Lou Belch	
29 Dr. Richard Brungardt 11639 N St. Road 13 Syracuse IN 46567  Contributor's Occupation (if required): DVM	Contribution: Direct	100.00	100.00	03/13/2009	
				Lou Belch	
30 Dr. Ruth Landau 613 Rahewood Drive Indianapolis IN 46217  Contributor's Occupation (if required): DVM	Contribution: Direct	25.00	25.00	03/13/2009	
				Lou Belch	
SUB TOTAL THIS PAGE OF SCHEDULE A			\$ 250.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY ( Enter total on ITEM 15a of the Summary Sheet )			\$		


**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4806 (R13/11-05)

Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other  
Receipts**

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Page 7 of 7

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state ZIP code)		TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED  RECEIVED BY
31 Dr. Scott Borter R.R. #2, Box 143A Bloomfield IN 47424  Contributor's Occupation (if required): DVM	Contribution: Direct	25.00	25.00	03/13/2009	
				Lou Belch	
32 Dr. Scott L. Thompson 4125 E. Morgan Ave Evansville IN 47715  Contributor's Occupation (if required): DVM	Contribution: Direct	50.00	50.00	03/13/2009	
				Lou Belch	
33 Dr. William Mason 4543 Silver Springs Drive Greenwood IN 46142  Contributor's Occupation (if required): DVM	Contribution: Direct	50.00	50.00	03/13/2009	
				Lou Belch	
34 Frances Traylor, DVM PO Box 324 Dale IN 47523  Contributor's Occupation (if required): DVM	Contribution: Direct	25.00	25.00	03/13/2009	
				Lou Belch	
SUB TOTAL THIS PAGE OF SCHEDULE A			\$	150.00	
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY ( Enter total on ITEM 15a of the Summary Sheet )			\$	1,150.00	




**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

 State Form 4806 (R 13/11-05)  
 Indiana Election Commission (IC 3-9-3-14)

**(CFA-4 SCHEDULE B)  
Itemized Expenditures**

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on **ITEM 17a** of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind **regardless of amount paid** to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

FILE NUMBER

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Page 1 of 1

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code: Contributions 1 Committee to Elect Linda Lawson 29 Detroit Street Hammond IN 46320	State Representative	Direct  Purpose:	500.00	500.00	11/10/2009
SUB TOTAL THIS PAGE OF SCHEDULE B			\$ 500.00		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$ 500.00		